STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Michael Grimm for Congress 610 S. Boulevard ADDRESS (number and street) (Check if address is changed) Tampa 33606 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nwatkins@robertwatkins.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.grimmforcongress.com (Check if address is changed) DATE 07 2015 C00470807 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nancy H. Watkins Type or Print Name of Treasurer Nancy H. Watkins [Electronically Filed] 01 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FE	C Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	\times	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name o Candida		Michael Grimm	
Candida Party A		Office Sought: X House Senate President	State
raity A	ııııau	on Senate President	District 11
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Com	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politic	al A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	und	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
(Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
:	2.	FEC ID number	
;	3.	FEC ID number	
4	4.		

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Write or Type Committee I	Name	
Michael Grim	nm for Congress	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: books and records.	s: Identify by name, address (phone number optional) and position of the person in p	possession of committee
Nanc Full Name	ncy H. Watkins	
Mailing Address	610 S. Boulevard	
	Tampa FL 33606	\$
Title or Position	CITY STATE	ZIP CODE
Treasurer		254 - 3369
Treasurer: List the nam any designated agent (e	me and address (phone number optional) of the treasurer of the committee; and the (e.g., assistant treasurer).	name and address of
any designated agent (e	me and address (phone number optional) of the treasurer of the committee; and the (e.g., assistant treasurer). cy H. Watkins	name and address of
any designated agent (e	(e.g., assistant treasurer).	name and address of
any designated agent (e Full Name Nancy of Treasurer	(e.g., assistant treasurer).	name and address of
any designated agent (e Full Name Nancy of Treasurer	(e.g., assistant treasurer).	
any designated agent (e Full Name Nancy of Treasurer	(e.g., assistant treasurer).	

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Full Name of Designated Agent	Robert I. Watkins	
Mailing Address	610 S. Boulevard	
	Tampa FL 33606 CITY STATE Z	ZIP CODE
Title or Position Assistant Treas		254
Banks or Other safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds poxes or maintains funds.	accounts, rents
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds. Depository, etc.	accounts, rents
safety deposit b	poxes or maintains funds.	accounts, rents
safety deposit b	Depository, etc. BB&T 1909 K Street, N.W.	accounts, rents
safety deposit b Name of Bank,	Depository, etc. BB&T 1909 K Street, N.W.	accounts, rents
safety deposit b Name of Bank,	Depository, etc. BB&T 1909 K Street, N.W.	accounts, rents
safety deposit b Name of Bank,	Depository, etc. BB&T 1909 K Street, N.W. Washington DC 20006	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. BB&T 1909 K Street, N.W. Washington DC 20006	
safety deposit b Name of Bank, Mailing Address	Depository, etc. BB&T 1909 K Street, N.W. Washington CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. BB&T 1909 K Street, N.W. Washington CITY STATE Depository, etc. New York Community Bank 3879 Amboy Road	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. BB&T 1909 K Street, N.W. Washington CITY STATE Depository, etc. New York Community Bank 3879 Amboy Road	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. BB&T 1909 K Street, N.W. Washington CITY STATE Depository, etc. New York Community Bank 3879 Amboy Road	